

APPLICATION FOR STATE GAMBLING LICENSE

CGCC-030 (Rev. 06/07)



State of California
California Gambling Control Commission
2399 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833-4231
(916) 263-0700; Fax: (916) 263-0452
www.cgcc.ca.gov

APPLICATION FOR STATE GAMBLING LICENSE

Pursuant to Business and Professions Code section 19850, every person who directly or indirectly receives any compensation, reward, percentage or share of money or property played in any controlled game in this state, shall apply for and obtain a state gambling license. A license certificate will be issued after the application for state gambling license is approved and will indicate the name of the "owner licensee". All other applicants are considered "endorsed licensees" and will not receive a separate license certificate, but their name will be endorsed on the license issued to the owner of the gambling enterprise.

Instructions:

Type or print legibly, in ink, all information requested on this application. If a question does not apply, write "N/A" (Not Applicable). Incomplete applications will be returned. You must provide truthful information in all your responses. All answers to questions in this application and on all supplemental documentation will be subject to verification. Any misrepresentation or failure to disclose information may constitute sufficient cause for denial or revocation.

Send the completed application package with required fees/deposits (listed below) to: California Gambling Control Commission, 2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231. Please make all checks payable to the California Gambling Control Commission.

Name of Gambling Establishment (Cardroom)	Name of Applicant (Individual or Entity)
Please check one box indicating if you are applying for an <i>initial</i> or <i>renewal</i> license.	
<div style="margin-bottom: 10px;"><input type="checkbox"/> <u>INITIAL</u></div> <div style="margin-bottom: 10px;">Application Fee: \$ 500 Non-refundable (Owner Licensee, Endorsed Licensee, and Trust)</div> <div style="margin-bottom: 10px;">Background \$ 5,000 (Owner Licensee, Endorsed Licensee)</div> <div style="margin-bottom: 10px;">Deposit: \$ 900 (Trust, Trustee, and Trustor)</div> <div style="margin-bottom: 10px;"> \$ 750 (Community Property Spouse)</div> <div style="margin-bottom: 10px;"><i>Unused portion of background deposit will be refunded.</i></div> <div style="margin-bottom: 10px;">NOTE: Initial applicants must also attach a completed Supplemental Background Information form, as indicated below:</div> <div style="margin-bottom: 10px;"><u>Gambling Establishment (Cardroom):</u> Attach a Gambling Establishment Supplemental Information for State Gambling License, DGC-APP. 015C (Rev. 04/07) form – <i>Owner Licensee to submit on behalf of gambling establishment</i></div> <div style="margin-bottom: 10px;"><u>Individual Applicants:</u> Attach a Gambling Establishment Owner Applicant – Individual Supplemental Background Investigation Information, DGC-APP. 015A (Rev. 04/07) form</div> <div style="margin-bottom: 10px;"><u>Entity Applicants:</u> Attach a Gambling Establishment Owner – Entity Supplemental Information for a State Gambling License, DGC-APP. 015B (Rev. 04/07) form</div> <div style="margin-bottom: 10px;"><u>Trust Applicants:</u> Attach a Trust Supplemental Background Investigation Information, DGC-APP. 143 (New 06/07) form</div> <div style="margin-bottom: 10px;"><hr style="border-top: 1px dashed black;"/></div> <div style="margin-bottom: 10px;"><input type="checkbox"/> <u>RENEWAL</u></div> <div style="margin-bottom: 10px;">Application Fee: \$ 500 Non-refundable (Owner Licensee, Endorsed Licensee, and Trust)</div> <div style="margin-bottom: 10px;">Background \$ 600 (Owner Licensee)</div> <div style="margin-bottom: 10px;">Deposit: Other applicants may be responsible for background deposits upon notification from the Division of Gambling Control.</div> <div style="margin-bottom: 10px;"><i>Unused portion of background deposit will be refunded.</i></div>	

SECTION 1 – TYPE OF APPLICATION (check one box)

Submit the information listed below with the required fees/deposits with your initial or renewal application.

☐ **Owner Licensee:** The owner of the gambling enterprise for which the license certificate shall be issuedSole Proprietors: Submit one application with all sections completed *except* 3a and 3bAll other Owner Licensee Types (As indicated in section 3): Complete all sections *except* 4☐ **Endorsed Licensee:** Shall be endorsed on the gambling enterprise license certificateIndividual Applicants (As indicated in section 4): Complete sections 4, 5(B), and 7Entity Applicants (As indicated in section 3): Complete sections 3, 5(B), and 7☐ **Trust:** Shall be endorsed on the gambling enterprise license certificateAs indicated in section 3: Complete sections 3, 5(C), and 7Contingent Beneficiaries: Do not submit an application if benefits are contingent upon a specific future event or circumstance.**SECTION 2a – GAMBLING ESTABLISHMENT (CARDROOM) INFORMATION**

Attach a current organization chart for the gambling establishment (cardroom).

Gambling Establishment (Cardroom) Name

Street Address

Mailing Address (If different than above)

Telephone Number

()

Fax Number

()

Website Address (if any)

Hours of Operation

☐ 24 hrs/365 days☐ Hours as indicated:

Open

Close

MON

TUES

WED

THURS

FRI

SAT

SUN

SECTION 2b – GAMBLING ACTIVITIES / REVENUE

Please provide the total revenues attributed to each game for the cardroom's previous fiscal year.

Fiscal Year Reporting:**Number of Licensed Tables:****Total Revenue for Poker Style Games:**

\$

Total Revenue for California Style Games:

\$

Total Revenue for Other Games:

\$

Total Tournament Revenues (Entry Fees):

\$

Total Annual Interest Received from the Issuance of Credit:

\$

TOTAL GROSS REVENUE:

\$

SECTION 2c – EMPLOYEE WORK PERMIT CERTIFICATION (check one box)

I certify that all gambling enterprise employees of this gambling establishment are in compliance with Business and Professions Code section 19912 by:

☐ Holding a valid gambling enterprise employee work permit issued in accordance with the applicable ordinance of the city or county in which his or her duties are performed.☐ Holding a valid gambling enterprise employee work permit issued by the California Gambling Control Commission.

SECTION 3a – ORGANIZATION STRUCTURE (check one box)

Attach a current organization chart for the organization indicating names and job titles.

- ☐ General Partnership
☐ Limited Partnership
☐ Joint Venture
☐ Limited Liability Company
☐ Other: _____

- ☐ Corporation:
☐ Publicly Traded
☐ Private:
☐ Sub-Chapter S
☐ Sub-Chapter C

- ☐ Trust:
☐ Revocable
☐ Irrevocable

Trust Name: _____

SECTION 3b – ORGANIZATION INFORMATION

Please provide the information below for the organization indicated above. Corporations must identify the titles of each individual officer. For officers and directors that have no ownership, enter 0% in the ownership column. If additional space is needed, please provide on a separate sheet of paper.

Organization Name _____

Street Address _____

 Telephone Number
 ()

 Fax Number
 ()

Entity / Individual's Name	Title	Ownership / Membership Interest Percentage	Compensation Arrangement
		%	
		%	
		%	
		%	
		%	

SECTION 4 – INDIVIDUAL APPLICANT INFORMATION**Indicate your association with the business. (Check all that apply)**

- | | | | |
|--|-------------------------------------|--|--|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Officer | <input type="checkbox"/> Financial Interest Holder | <input type="checkbox"/> Trustor |
| <input type="checkbox"/> General Partner | <input type="checkbox"/> Director | <input type="checkbox"/> Community Property Interest | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Limited Partner | <input type="checkbox"/> Landlord | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Current Beneficiary |
| <input type="checkbox"/> Shareholder | <input type="checkbox"/> LLC Member | | |

Last Name _____

First Name _____

Middle Initial _____

Other names you have used or been known by (aliases, maiden name, nicknames, other name changes, legal or otherwise) _____

*Address of Record – Number/Street (See page 4 for note) _____

Apt. / Unit Number _____

City _____

County _____

State _____

Zip Code _____

Residence Address, if different than above _____

Contact Numbers

Home: ()

Work: ()

Cell: ()

E-mail Address (if any) _____

Birthdate (mm/dd/yyyy) _____

Gender

☐ Male☐ Female

**Social Security Number (See page 4 for note) _____

SECTION 5– RENEWAL INFORMATION

Complete this section only if you are **renewing** your license. If you answer “Yes” to any of the questions below, please provide an explanation on a separate sheet of paper and attach to the application.

A) Gambling Establishment:

1. Have there been any changes affecting ownership or controlling interest in this gambling establishment since last filing a State Gambling License application?

☐ Yes ☐ No

2. Have there been any changes to the terms (financial or otherwise) of the gambling establishment's lease or a change of landlord since last filing a State Gambling License application?

☐ Yes ☐ No

B) Owner Licensee or Endorsed Licensee:

1. Have you been a party to any civil litigation since last filing a State Gambling License application?

☐ Yes ☐ No

2. Have you been named in any administrative action affecting any license certification since last filing a State Gambling License application?

☐ Yes ☐ No

3. Have you been convicted of any crime (misdemeanor or felony) since last filing a State Gambling License application?

☐ Yes ☐ No

C) Trust:

1. Have there been any changes to the trust since last filing a State Gambling License application?

☐ Yes ☐ No

SECTION 6– AUTHORIZED REPRESENTATIVE / DESIGNATED AGENT INFORMATION

Last Name		First Name	Middle Initial
Relationship to Applicant: <input type="checkbox"/> Owner <input type="checkbox"/> Attorney <input type="checkbox"/> Employee <input type="checkbox"/> Other: _____		Business Name, if applicable	
Mailing Address			
Telephone Number ()	Fax Number ()	E-mail Address (if any)	

SECTION 7 – DECLARATION / SIGNATURE

I declare under penalty of perjury under the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate, and complete.

Name of Individual Completing this Application (typed or printed)	Title
Signature	Date

*Once the Commission has issued the license, the address of record you enter on this application is considered public information pursuant to the Information Practices Act (Civil Code section 1798 et seq.) and the Public Records Act (Government Code section 6250 et seq.) and will be placed on the Internet. The Commission will mail all correspondence to this address. If you do not wish your residence address to be available to the public, you may provide a post office box number or a personal mail box (PMB). However, if your address of record is not your residence address, you must also provide your residence address to the Commission, in which case your residence will not be available to the public.

**Disclosure of your U.S. social security number is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code section 17520 or for verification of licensure. If you fail to disclose your social security number, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.